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| appropriate. All further<br>indicated unless correct<br>maintenance fee notifica  | correspondence includir<br>ed below or directed oth<br>tions.                | ig the Patent, advance or<br>ierwise in Block I, by (a            |   | maintenance fees will be<br>spondence address; and/or   |  |   |
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| APPLICATION NO.   | FILING DATE  |   | FIRST NAMED INVENTOR  | <u> </u>  |  | CONFIRMATION NO.  |
| 10/743,887  | 12/22/2003   | L   | Rana Dayal  |   | 1427/6   | 2161  |
| TITLE OF INVENTION  APPLN. TYPE   | : METHODS AND SYS  | TEMS FOR HITLESS SV   | WITCH MANAGEMENT  PUBLICATION FEE DUE   | MODULE FAILOVER A   | ND UPGRADE  TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional  | NO   | \$1510  | \$0   | \$0   | \$1440   | 12/26/2008  |
| EXAMINER  |  | ART UNIT  | CLASS-SUBCLASS  |   |  |   |
| LIU, BEN'H  |  | 2616  | 370-219000  | •   |  |   |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-(<br>Number is required.  3. ASSIGNEE NAME A   | ND RESIDENCE DATA  | "Indication form<br>ed. Use of a Customer<br>A TO BE PRINTED ON T | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type) |   |  |   |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Extreme Networks, Inc.  Santa Clara, California  Please check the appropriate assignee category or categories (will not be printed on the patent):   |  |   |   |   |  |   |
| 4a, The following fee(s)  Issue Fee Publication Fee (N  | No small entity discount p   | Ŋ.  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0426 (enclose an extra copy of this form).                   |   |  |   |
| a. Applicant claim  | tus (from status indicated<br>as SMALL ENTITY stated Publication Fee (if req | is. See 37 QFR 1.27.  | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in k Office.   |   |  |   |
| interest as shown by the  | records of the United Sta  | tes Patent and Trademark  | Office.   | me approant, a registered to  | mornoy or agont, or the  | assigned or other party in  |
| Authorized Signature  |  |   | Date <u>December 19, 2008</u> Registration No. <u>41,085</u>  |   |  |   |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. I22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |  |   |   |   |  |   |